

**TOWSON UNIVERSITY**

Disability Support Services  
8000 York Road  
Towson, Maryland 21252  
Tel: (410) 704-2638; Fax: (410) 704-4247

**DISABILITY VERIFICATION FOR STUDENTS WITH  
A MEDICAL OR PHYSICAL CONDITION**

The student/patient named below has asked to register with Disability Support Services (DSS) at Towson University. DSS requires documentation of the individual's disability in order to establish eligibility and provide services.

Under the Americans with Disabilities Act (ADA) of 1990 and Section 504 of the Rehabilitation Act of 1973, individuals with disabilities are protected from discrimination and may be entitled to reasonable accommodations. To establish that an individual is covered under the law, documentation must indicate that a disability exists and the disability substantially limits one or more major life activities. A diagnosis of disorder in and of itself does not automatically qualify an individual for accommodations; documentation must also support the request for accommodations.

After completing this form, please fax or mail it to DSS at the address above. The information you provide will not become a part of the student's educational record but will be kept in a confidential file in the DSS office. Please contact the DSS staff member listed below if you have questions or concerns. Thank you for your assistance.

**ITEMS 1-4 TO BE COMPLETED BY DSS:**

1. Name of Student: \_\_\_\_\_ 2. Today's Date: \_\_\_\_\_  
3. Student ID# or DOB: \_\_\_\_\_ 4. DSS Staff Member: \_\_\_\_\_

**ITEMS 5-13 TO BE COMPLETED BY MEDICAL PROFESSIONAL:**

5. What is the diagnosis/impairment?

6. Date of diagnosis: \_\_\_\_\_ 7. Date of last visit: \_\_\_\_\_

8. Duration of disability/impairment:

\_\_\_\_\_ Permanent

\_\_\_\_\_ Temporary: Expected date of recovery: Mo./Yr.: \_\_\_\_\_

9. Please check the major life activities and academic functions listed below that are affected by the disability/impairment in a college setting, indicating the level of limitation.

<b>Life Activity</b>	<b>Negligible</b>	<b>Moderate</b>	<b>Substantial</b>
Walking			
Breathing			
Seeing			
Hearing			
Speaking			
Sitting			
Standing			
Eating			
Sleeping			
Performing Manual Tasks			
Learning			
Thinking			
Concentrating			
Memory			
Reading			
Writing			
Attending Class			
Meeting Deadlines			
Interacting with Others			
Other: _____			

10. Describe current symptoms that may affect the individual's ability to perform in a college setting.

11. If the individual is currently undergoing treatment or taking medication, please describe how it may affect his/her academic performance.

12. Please provide information you think will be helpful in determining reasonable academic accommodations and services for this individual (e.g., note-takers, extended time for tests, mobility van service, etc.)\*

13. CERTIFYING PROFESSIONAL:

Signature of Medical Professional: \_\_\_\_\_ Date: \_\_\_\_\_

Medical Professional's Name and Title: \_\_\_\_\_

Address:

\_\_\_\_\_  
\_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

*\*Tests of cognition, information processing and academic achievement, which may not have been part of the diagnostic process itself, may be needed by DSS to determine appropriate academic accommodations and services for a student with a mobility impairment or other impairment due to a medical condition.*